

CDER Forum for International Drug Regulatory Authorities

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Labeling Overview

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Contents

- Food Drug and Cosmetic Act
- What is Labeling?
- Labeling Requirements
- New Labeling: Content and Format
- Labeling Guidance
- How FDA Reviews/Approves Labeling
- FDA Labeling Initiatives



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Food Drug and Cosmetic Act (FD & C Act)

- · Gives authority to:
 - Interpret the law
 - Establish standards
 - Review and approve
 - Assure compliance
 - Enforce/protect





Brief History of FD&C Act

- 1906 Food and Drugs Act
 - Prohibited misbranding and adulteration of foods and drugs
- 1938 Federal Food Drug and Cosmetic Act
 - Pre-clearance of drugs for safety
- 1951 Durham-Humphrey Amendment
 - Separated prescription drugs from over-the-counter
 - Allowed FDA to regulate prescription drug labeling
- 1962 Kefauver Harris Amendment
 - Required drugs prove efficacy (in addition to safety)



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What is Labeling?

FD&C Act:

- "Label" is written, printed, or graphic matter on the immediate container of the drug product
- "Labeling" is all labels as well as other written, printed, or graphic matter accompanying the drug product





What is Labeling?

- 21 CFR 202.1 Prescription-drug advertisements
- Printed, audio or visual matter descriptive of a drug published for use by medical practitioners, pharmacists, or nurses supplied by the manufacturer, packer, or distributor are determined to be labeling as defined in the FD&C Act



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Drug Labeling

- Package insert FDA-approved
 - Information that accompanies drug when drug is approved
- Other labeling
 - •Patient Package Insert FDA-approved
 - •Medication Guide FDA-approved
 - Brochures
 - Mail and letters
 - Bulletins
 - Calendars
 - Motion picture films
 - Sound recordings
 - Meeting exhibits and presentations
 - Medical literature

Regulated by Division of Drug Marketing, Advertising, and Communication - No pre-approval





Misbranding

FD&C ACT Section 502

A drug product is misbranded if its "labeling is false or misleading in any particular [502(a)]" and fails to have "adequate directions for use [502(f)]."



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Labeling Requirements

- Regulations describe the content and format requirements for labeling information
- Effective June 30, 2006, NEW 201.56 and 201.57 adopted for physician labeling rule (PLR)
- 21 CFR 201.56 (General) and 201.57(Specific)
- Most content requirements are maintained; significant format requirement changes
- 21 CFR 201.80 (Specific) for older drugs

Final Rule: Requirements on the Content and Format of Labeling for Human Prescription Drug and Biological Products, January 24, 2006. http://www.fda.gov/cder/regulatory/physLabel/default.htm



Goals for New Labeling Rule

- More informative labeling
- More accessible labeling
- Better risk communication
- Fewer medication errors



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New 21 CFR 201.57 – Revised Labeling

- Highlights
 - High level ½ page summary
 - Links to appropriate section in FPI
 - "Information tool"
- Contents
 - Allows easy reference to FPI
 - Consistent order and numbering of sections
 - "Navigation tool"
- Full prescribing information (FPI)





Highlights

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use Imdicon safely and effectively. See full prescribing information for Imdicon.

IMDICON® (cholinasol) CAPSULES Initial U.S. Approval: 2000

RECENT MAJOR CHANGES— Indications and Usage, Coronary Stenting (1.2) Dosage and Administration, Coronary Stenting (2.2)

- inhibitor indicated for:

 Reducing he risk of thrombotic stroke in patients who have experienced stroke precursors or who have had a completed thrombotic stroke (1.1)

 Reducing the incidence of subscute coronary stent thrombosis, when used with aspirin (1.2) important limitations:
- For stroke, Imdicon should be reserved for patients who are intolerant of or allergic to aspirin or who have failed aspirin therapy (1.1)
- ---DOSAGE AND ADMINISTRATION---

Stroke: 50 mg once daily with food. (2.1)
Coronary Stenting: 50 mg once daily with food. (2.1)
Coronary Stenting: 50 mg once daily with food, with antiplatelet doses of aspirin, for up to 30 days following stent implantation (2.2)
Discontinue in renally impaired patients if themorrhagic or hematopoietic problems are encountered (2.3, 86, 12.3)

...DOSAGE FORMS AND STRENGTHS... Capsules: 50 mg (3)

- Hemostatic disorder or active bleeding (4)
 Severe hepatic impairment (4, 8.7)

------WARNINGS AND PRECAUTIONS

- WARNINGS AND PRECAUTIONS

 Neutropenia (2.4 % incidence, may occur suddenly, typically resolves within 1-2 weeks of discontinuation), thrombost thrombosytopenic purpura (TP), aplastic amenia, agranulocytosis, panetyopenia, leukemia, and thrombocytopenia can occur (5.1)

 Monitor for hematological adverse reactions every 2 weeks through the third month of treatment (5.2)

.....ADVERSE REACTIONS.

Most common adverse reactions (incidence >2%) are diarrhea, nausea, dyspepsia, rash, gastrointestinal pain, neutropenia, and purpura (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact (manufacturer) at (phone # and Web address) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

--- DRUG INTERACTIONS-

- DRUG INTERACTIONS

 Anticoagulants: Discontinue prior to switching to Imdicon (5.3, 7.1)
 Phenytoin: Elevated phenytoin levels have been reported. Monitor levels. (7.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-



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FULL PRESCRIBING INFORMATION: CONTENTS*

WARNING - LIFE-THREATENING HEMATOLOGICAL ADVERSE

- INDICATIONS AND USAGE
 1.1 Thrombotic Stroke
 1.2 Coronary Stenting
- 2 DOSAGE AND ADMINISTRATION

 - 2.1 Thrombotic Stroke 2.2 Coronary Stenting 2.3 Renally Impaired Patient
 - 2.3 Renally Impaired Patients
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- 7.11 Other Concomitant Drug Therapy 7.12 Food Interaction

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 - USE IN SPECIFIC POPU

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- 10 OVERDOSAGE
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- 17.1 Importance of Monitoring
 17.2 Bleeding
 17.3 Hematological Adverse Reactions
- 17.4 FDA-Approved Patient Labeling

*Sections or subsections omitted from the full prescribing information are not



Changes to Full Prescribing Information

- · Warnings and Precautions consolidated into one section
- · Formally in Precautions, now new sections
 - Drug Interactions
 - Use in Specific Populations
 - Patient Counseling Information
- · Formally optional, now required
 - Clinical Studies
 - Nonclinical Toxicology
- Created Dosage Forms and Strengths section
- · Moved How Supplied section to near end

(<u>†</u>

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Implementation Schedule

New NDA, BLA or efficacy supplement submitted:	<u>Label must conform:</u>
6/30/06 or after	At time of submission
Pending on 6/30/06	6/30/09 (3 years)
Approved 6/30/05-6/29/06	
Approved 6/30/04-6/29/05	6/30/10
Approved 6/30/03-6/29/04	6/30/11
Approved 6/30/02-6/29/03	6/30/12
Approved 6/30/01-6/29/02	6/30/13
Approved Pre-6/30/01	Voluntary at any time (encouraged)



Companion Guidances

- Adverse Reactions Section of Labeling Content and Format (Final)
- Clinical Studies Section of Labeling Content and Format (Final)
- Implementing the New Content and Format Requirements (Draft)
- Warnings and Precautions, Contraindications, and Boxed Warning Sections of Labeling — Content and Format (Draft)

http://www.fda.gov/cder/guidance/index.htm



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Other Labeling Guidance

- Determining Established
 Pharmacologic Class for Use in the Highlights of Prescribing Information
- Dosage and Administration Section of Labeling – Content and Format
- Indexing Structured Product Labeling
- Target Product Profile A Strategic Development Process Tool

http://www.fda.gov/cder/guidance/index.htm



Guidance Under Development

- Clinical Pharmacology Section of Labeling – Content and Format
- Drug Names and Dosage Forms

Guidance Agenda: Guidances CDER is Planning to Develop During Calendar Year 2008. http://www.fda.gov/cder/guidance/CY08.pdf

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How FDA Reviews/Approves Labeling

- · Applicant (company) normally writes draft label
- Applicant submits draft labeling with supporting data (from clinical trials, animal studies) in NDA or BLA to FDA for review
- FDA reviewers determine appropriateness of draft labeling (internal meetings)
- Labeling negotiations with company
- Final labeling is approved by FDA once agreed to by FDA and applicant

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How FDA Reviews/Approves Labeling

- FDA approval letter and labeling posted at Drugs@FDA
 - http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm
- Electronic labeling (SPL format) is submitted and posted at National Library of Medicine's Daily Med
 - http://dailymed.nlm.nih.gov/dailymed/about.cfm



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Drugs@FDA

- A Catalog of FDA <u>Approved</u> Drug Products
 - Approved and tentatively approved prescription, over-the-counter, and discontinued drugs
 - Searchable online database containing drug approval letters, labels, and review packages
 - Adobe Acrobat (.pdf) format

http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm



Electronic Labeling Rule and Guidance

- December 2003 final regulations (the electronic labeling rule) require submission of the content of labeling in electronic format that FDA can process, review and archive
- Adopting new technology for processing and managing content of labeling submitted electronically
- Guidance describes how to submit the content of labeling using the Structured Product Labeling (SPL) standard, which is in extensible markup language (.xml) format

Guidance for Industry. Providing Regulatory Submissions in Electronic Format — Content of Labeling April 2005



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Structured Product Labeling (SPL)

- The content of labeling in a standardized electronic file format
- Use of this common format will enable all parties to create, send, and receive product labeling content
- Includes computer readable tags to index and enhance processing of the content of labeling
 - » http://www.fda.gov/oc/datacouncil/SPL.html





DailyMed

- Managed by the National Library of Medicine
- Electronic repository of prescribing information
- Populated by <u>current</u> FDA labeling in SPL format
- Contains labeling for 3704+ approved



